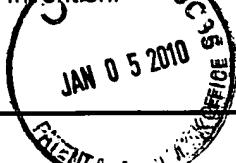


CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): MUNOZ et al.

Docket No.

HOLMES-2U

Application No.
10/797,230Filing Date
03/10/2004Examiner
K.T. NGUYENCustomer No.
75253Group Art Unit
3711Invention: **ESTREAMER LAUNCHING SYSTEM**

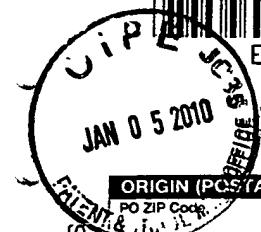
I hereby certify that the following correspondence:

PART B FEES TRANSMITTAL*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

JANUARY 5, 2010*(Date)***Gerow D. Brill***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EH 615483411 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

EH 615483411 US



PRESS HARD. YOU ARE MAKING 3 COPIES/SENT

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code & State	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage S
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee S
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee S
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee S Total Postage & Fees
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

FROM: (PLEASE PRINT) PHONE ()

GEROW D. BRICK
20 OAKMONT CIRCLE
NEW FREEDOM, PA 17340

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

EMS



UNITED STATES POSTAL SERVICE®

Mailing Label

Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Date	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No.

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.

Federal Agency Acct. No. or Postal Service Acct. No.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

Weekend Holiday

Mailer Signature

TO: (PLEASE PRINT) PHONE ()

MAIL STOP ISSUE Fee
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/797,230, Docket Number HOLMES-2U

Part B Issue Fee transmittal PTO-85 (1 Sheet)
Certificate of Mailing by "Express Mail" (1 Sheet)
Credit Card Payment Form (1 Sheet)

EH615483411US

JANUARY 5, 2010